

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024505

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6509

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **D.O.A. City Hospital**

Length of stay in 1b

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

d. STREET ADDRESS (If outside, give location)
3406 Manhattan Ave.

Inside Limits
Yes ☐ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
NICOLO

Middle

Last
COLLIDA

4. DATE OF DEATH

Month
June

Day
29

Year
1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12-23-1885

9. AGE (last birthday)
76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tavern Proprietor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY
Tavern

11. BIRTHPLACE (City and state or country)
Sicily, Italy

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Pasquale Collida

13b. MOTHER'S MAIDEN NAME

Concetta Unknown

14. NAME OF HUSBAND OR WIFE

Late Frances P. Collida

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16.

17. INFORMANT

Address

Tony Collida 720la Piccadilly Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound of head;

DUE TO (b)

Self inflicted in home, on or about June 29th 1962

DUE TO (c)

While suffering from temporary mental aberration.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Suicide 976X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☒

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY?

Hour
s.m.
p.m.
6-29-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION
St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from

7th P.

and last saw her alive on

Death occurred at **7th P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Nelene L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

7-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE REC'D BY LOCAL REG.

JUL 2 1962

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James R. Lunn

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.